

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL
for FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 790.00**Complete If Known**

Application Number	09/869389
Filing Date	22/DEC/1999
First Named Inventor	CLAUDE CHAPEL et al.
Examiner Name	HELEN SHIBRU
Art Unit	2616
Attorney Docket No.	PF980093

METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER 24498☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) :☒ Deposit Account Deposit Account Number: 07-0832 Deposit Account Name: THOMSON LICENSING INC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments
Under 37 CFR 1.16 and 1.17**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims18-20 or HP=xFee(\$)=Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims3- 3 or HP=xFee(\$)=Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

Small Entity**Fee (\$)**50200360**Fee (\$)**___**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>

- 100 = _____ / 50 = _____ (round up to a whole number) x**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : RCE**Fees Paid (\$)**790**SUBMITTED BY**

Signature

Registration No.
(Attorney/Agent)

41736

Telephone

1-609-734-6807

Name (Print/Type)

GUY ERIKSEN

Date

NOV. 11, 2005